

IX. 510(k) Summary

MAY - 8 2001

K003043

SUBMITTER: DePuy AcroMed™, Inc.
325 Paramount Drive
Raynham, MA 02767-0350 USA

CONTACT PERSON: Karen F. Jurczak

DATE PREPARED: April 13, 2001

PROPRIETARY NAME: Surgical Titanium Mesh™ System

CLASSIFICATION NAME: Implant, fixation device
Spinal intervertebral body fixation orthosis device

PREDICATE DEVICE: Stackable Cage System (K990148)
Rezaian Spinal Fixator (K841189)

INTENDED USE: The Surgical Titanium Mesh System is indicated for use in the thoracolumbar spine (T1-L5) to replace a diseased vertebral body resected or excised for the treatment of tumors, to achieve anterior decompression of the spinal cord and neural tissues, and to restore the height of a collapsed vertebral body.

The Surgical Titanium Mesh System is also indicated for treating fractures of the thoracic and lumbar spine.

The Surgical Titanium Mesh System is designed to restore the biomechanical integrity of the anterior, middle, and posterior spinal column even in the absence of fusion for a prolonged period. Bone graft material is recommended to be packed inside of the mesh cage prior to implantation.

The Surgical Titanium Mesh System is intended for use with supplemental internal fixation. The supplemental internal fixation systems that may be used with the Surgical Titanium Mesh System include DePuy AcroMed titanium plate or rod systems (e.g. Kaneda SR, University Plate, M-2, ISOLA, VSP, Moss Miami, TiMX and Profile).

MATERIALS: Commercially Pure (CP) Titanium
Titanium alloy (Ti-6Al-4V)

PERFORMANCE
DATA:

Biomechanical testing, including static axial compression and dynamic axial compression, were conducted. Clinical data were provided to demonstrate the performance of the device in patients with spine tumors.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

MAY - 8 2001

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Ms. Karen F. Jurczak
Regulatory Affairs Associate
DePuy AcroMed
325 Paramount Drive
Raynham, Massachusetts 02767-0350

Re: K003043
Trade/Device Name: Surgical Titanium Mesh System
Regulation Number: Unclassified
Product Code: MQP
Dated: April 13, 2001
Received: April 16, 2001

Dear Ms. Jurczak:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic QS inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address "<http://www.fda.gov/cdrh/dsma/dsmamain.html>".

Sincerely yours,



Celia M. Witten, Ph.D., M.D.

Director

Division of General, Restorative and

Neurological Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

IV. Indications for Use

510(k) Number (if known): K003043

Device Name: Surgical Titanium Mesh™ System

Indications For Use:

The Surgical Titanium Mesh System is indicated for use in the thoracolumbar spine (T1-L5) to replace a diseased vertebral body resected or excised for the treatment of tumors, to achieve anterior decompression of the spinal cord and neural tissues, and to restore the height of a collapsed vertebral body.

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Approved for use
(Division Sign-Off)
Division of General, Restorative
and Neurological Devices

510(k) Number K003043

(Please do not write below this line - continue on another page if needed)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use: X OR Over-The-Counter
Use: _____
(Per 21 CFR 801.109)